

25 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

K
9804

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No.) St. Ward)

Registration District No. 547
Primary Registration District No. 3029

File No.
Registered No. 77

2. FULL NAME

Albert H. Berenato

(a) Residence. No. 516A Broadway St. 2nd Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis

7. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 - 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 10 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY) Pa.

10. NAME OF FATHER Frank Berenato
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Francis Salvas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY) Italy

14. INFORMANT Thomas Berenato
(Address) Hannibal, Mo.

15. FILED 3/27 28 C. C. Stude REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 22nd - 1928
17. I HEREBY CERTIFY That I attended deceased from 22nd Mar 1928 to Mar 22 1928 that I last saw him alive on Mar 22 1928 and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
9.3 H T no (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) SI (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. R. Motley M. D.
, 19 (Address) Hannibal, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL 3-25-1928

20. UNDERTAKER James O'Donnell ADDRESS Hannibal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

x